

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED

May 03, 2001 8:00 am
Secretary of State

04-03-2001 90011 035 ***150.00

DOCUMENT # P00000054528

1. Entity Name

LABARRAQUE ENTERPRISES, INC.

Principal Place of Business

46 NW 108 PL
MIAMI FL 33172

Mailing Address

46 NW 108 PL
MIAMI FL 33172

2. Principal Place of Business

14244 SW 120 CT

Suite, Apt. #, etc.

3. Mailing Address

14244 SW 120 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1016821

Applied For

Not Applicable

Zip

33186-6066

Country

DADE

Zip

33186-6066

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABARRAQUE, JORGE
46 NW 108 PL
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

LABARRAQUE, JORGE

Street Address (P.O. Box Number is Not Acceptable)

14244 SW 120 CT

City

MIAMI,

FL

33186-6066

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reactivating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LABARRAQUE, JORGE ☐ Delete
STREET ADDRESS 14244 SW 120 CT
CITY-ST-ZIP MIAMI, FL 33186-6066

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Director

3/30/01

(305) 431-5051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)